

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1914	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2010
NAME OF PROVIDER OR SUPPLIER LAKESHORE HEARTLAND		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 FERNBROOK LANE NASHVILLE, TN 37214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments An annual Licensure survey and Complaint investigation #'s 24803, 25351, and 25464, were completed on June 21-23, 2010, at Lakeshore Heartland. No deficiencies were cited under 1200-8-6 Standards for Nursing Homes related to the Complaint investigations.	N 000		
N 705	1200-8-6-.06(4)(cc) Basic Services (4) Nursing Services. (cc) A registered nurse may make the actual determination and pronouncement of death under the following circumstances: 1. The deceased was a resident of a nursing home; 2. The death was anticipated, and the attending physician or nursing home medical director has agreed in writing to sign the death certificate. Such agreement by the attending physician or nursing home medical director must be present with the deceased at the place of death; 3. The nurse is licensed by the state; and, 4. The nurse is employed by the nursing home in which the deceased resided. This Rule is not met as evidenced by: Based on medical record review and interview the facility failed to make the actual determination and pronouncement of death by a physician or registered nurse for one resident (#14) of sixteen residents reviewed.	N 705	1. If appropriate criteria are met, a registered nurse may make the determination and pronouncement of death of a resident. 2. This rule will be followed for deaths occurring within the facility if a physician is not present. 3. The Director of Nursing will be responsible for ensuring that a registered nurse or a physician makes the determination and pronouncement of death for residents who expire in the facility. 4. For the next 3 months, the Administrator will monitor the medical record of all residents who expire in the facility to ensure that proper determination and pronouncement of death has occurred. If no exceptions are identified, this monitoring will cease.	07/13/10

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5599

9JGX11

TITLE

Administrator

(X6) DATE

07/07/10

If continuation sheet 1 of 2

JUL 12 2010

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N 705	<p>Continued From page 1</p> <p>The findings included:</p> <p>Resident #14 was admitted to the facility on September 3, 2010, with diagnoses including, Cerebral Vascular Accident (stroke), Right Side Hemiplegia, Chronic Atrial Fibrillation, Diabetes Mellitis, Hypertension, and history of Breast Cancer with Mastectomy.</p> <p>Medical record review of advance directives dated September 3, 2008, revealed "Do Not Resuscitate" and "Comfort Measures."</p> <p>Medical record review of a Licensed Practical Nurse (LPN)'s note, dated April 17, 2010, at 8:00 p.m., revealed the resident's son was notified of a decline in the resident's condition. Continued medical record review of a LPN nurse's note dated April 18, 2010 at 4:45 p.m., revealed "...Dr. Williams notified via telephone of resident without heart rate or respirations...orders received to release body to funeral home of choice..."</p> <p>Medical record review of the LPN nurse's note dated April 18, 2010, at 5 P.M. revealed the resident's body was released to the crematorium without a registered nurse or physician pronouncing the resident's death.</p> <p>Interview with the Director of Nursing, on June 23, 2010, at 11:00 a.m., in the library, confirmed the facility failed to provide a physician or a registered nurse to pronounce the resident's death as required.</p>	N 705			

JUL 12 2010